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Bib Data Sheet

CONFIRMATION NO. 3584

SERIAL NUMBER 09/996,328	FILING DATE RULE	CLASS 222	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. P01252US
APPLICANTS James J. Shelton, Pontchatoula, LA;				
** CONTINUING DATA ***** <i>Yes</i> THIS APPLICATION IS A CIP OF 09/881,796 06/15/2001 AND A CIP OF 09/954,849 09/18/2001 WHICH IS A CIP OF 09/472,320 12/23/1999 PAT 6,289,690 WHICH IS A CIP OF 09/220,554 12/23/1998 PAT 6,085,540				
** FOREIGN APPLICATIONS ***** <i>none MAC 9/5/03</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/04/2002				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>MAC</i> Initials	STATE OR COUNTRY LA	SHEETS DRAWING 14	TOTAL CLAIMS 61
INDEPENDENT CLAIMS 6				
ADDRESS 22920				
TITLE Method and apparatus for disinfecting a refrigerated water cooler reservoir				
FILING FEE RECEIVED 865	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
		<input type="checkbox"/> All Fees		
		<input type="checkbox"/> 1.16 Fees (Filing)		
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
		<input type="checkbox"/> 1.18 Fees (Issue)		
		<input type="checkbox"/> Other _____		
		<input type="checkbox"/> Credit		



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CONFIRMATION NO. 3584

SERIAL NUMBER 09/996,328	FILING OR 371(c) DATE 11/28/2001 RULE	CLASS 222	GROUP ART UNIT 3754	ATTORNEY DOCKET NO. P01252US
APPLICANTS James J. Shelton, Pontchatoula, LA;				
** CONTINUING DATA ***** This application is a CIP of 09/881,796 06/15/2001 PAT 6,561,382 and is a CIP of 09/954,849 09/18/2001 PAT 6,532,760 which is a CON of 09/472,320 12/23/1999 PAT 6,289,690 which is a CIP of 09/220,554 12/23/1998 PAT 6,085,540				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/04/2002				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY LA	SHEETS DRAWING 14	TOTAL CLAIMS 61 INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Signature _____ Initials _____				
ADDRESS 22920				
TITLE METHOD AND APPARATUS FOR DISINFECTING A REFRIGERATED WATER COOLER RESEVOIR				
FILING FEE RECEIVED 1025	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	